

LOCAL AGENCY PROGRAMS SAFETY PROJECT SUBMITTAL FORM

FUNDING TEMPLATE:

FISCAL YEAR:

LOCAL AGENCY		LOCAL AGENCY CONTACT	
PHONE NO.	FAX NO.	EMAIL ADDRESS	
ALTERNATIVE CONTACT		PHONE NO.	FAX NO.
EMAIL ADDRESS			

PROPOSED PROJECT LOCATION, LIMITS AND PROJECT DESCRIPTION

PROPOSED COST	TIME OF RETURN (YEARS)	IMPROVEMENT CATEGORY (CHECK THE CATEGORY THAT APPLIES) Intersection Improvements Roadway and Structure Improvements Roadside Improvements Pedestrian and Bicycle Improvements Other _____
BENEFIT TO COST RATIO		
PLEASE LIST THE CRASH REDUCTION FACTORS USED:		
DOES A PROJECT IMPACT A SCHOOL OR OTHER SENSITIVE ORGANIZATION? PLEASE DESCRIBE:		

ROADWAY DATA		CROSS ROAD DATA (If an intersection improvement)	
PRIMARY ROUTE NAME		ROUTE NAME	
ADT		ADT	
PERCENT COMMERCIAL	*NO. OF CRASHES	PERCENT COMMERCIAL	*NO. OF CRASHES
* NO. OF FATAL CRASHES	*NO. OF "A" TYPE CRASHES	*NO. OF FATAL CRASHES	*NO. OF "A" TYPE CRASHES
*PERIOD OF CRASH DATA	FUNCTIONAL CLASSIFICATION	*PERIOD OF CRASH DATA	FUNCTIONAL CLASSIFICATION

*Please attach Crash Summary and UD-10's to your project submittal with the most recent 5 years of available data.

EXPLANATION OF HOW THE PROPOSED IMPROVEMENT WILL IMPROVE SAFETY AND REDUCE CRASHES

HAS YOUR LOCAL AGENCY RECEIVED APPROVAL OF A SAFETY PROJECT OR HRRR PROJECT THROUGH MDOT'S LAP UNIT IN THE PAST 5 YEARS?

YES

NO

SAFETY PROJECT

HRRR PROJECT

IF YES, HAVE ALL PROJECTS BEEN COMPLETED?

YES

NO

IF NO, PLEASE EXPLAIN WHY

OTHER PROJECT CONSIDERATIONS